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FACSIMILE**Date:** January 5, 2004**TO:**

Name	Group Art Unit	Company	Facsimile No.
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FROM: Deborah L. Cadena **Phone:** 858-535-9001
Registration No.: 44,048
Sent By: Carrie Hines
Client/Matter/Tkpr: 66692-033 (P-TB 4927) **Originals Follow by Mail:** NO
Number of Pages, Including Cover: 25

Re: United States Serial No.: 09/930,600
Filed: August 15, 2001
Inventors: Sem et al.
Entitled: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND
DRUG CANDIDATES

CERTIFICATE OF FACSIMILE TRANSMISSION**Transmitted herewith are the following OFFICIAL documents:**

- 1) Preliminary Amendment: (20 pages)
- 2) Transmittal Form 1083 (in duplicate): (4 pages)

I hereby certify that these 25 pages are being
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CARRIE HINES
Name (printed)

Carrie Hines
Signature

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66692-033 (P-TB 4927)	
SERIAL NO: 09/930,600	FILING DATE: August 15, 2001	EXAMINER: N. Nashed	GROUP ART UNIT: 1645 CONFIRMATION NO.: 2240
INVENTION: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND DRUG CANDIDATES			

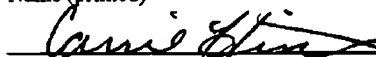
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Signature

Transmitted herewith is a Preliminary Amendment in the above-identified application.

X Small Entity status of this application has been established under 37 CFR 1.27.

 Petition for Extension of Time is enclosed (in duplicate).

 Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

X No additional claims fee is required.

 An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	120	-	160	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	3	-	11	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
			YES		XX NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

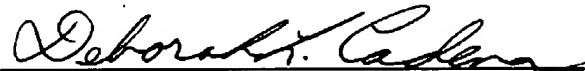
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Sem et al.
Serial No.: 09/930,600
Filed: August 15, 2001
Page 2

- ☒ Please charge my Deposit Account No. 502624 the amount of \$110.00 for the two Terminal Disclaimers filed December 31, 2003. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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